CITY OF RIVERSIDE

Building & Safety Division Phone: (909) 826-5697



e Special Inspector's Progress Report e

	Permit Number:
Project Name/Address:	
Inspections Type(s)/Coverage:	
☐ Continuous	Periodic
Time Inspections Began:	Time Inspection Ended:
Describe inspections and/or tests made, incl	luding locations:
List items requiring correction, include prev	riously listed uncorrected items:
List changes to approved plans authorized b	by Architect, Engineer and/or City of Riverside:
	ted was in accordance with the Building & Safety Division's workmanship provision of the U.B.C. except as noted above.
Signed:	Date:
Print Full Name:	City I.D. Number:
Note: This report is to remain at the job site	with the contractor for review by the City's Building

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